

Domestic Violence Encountered among Kurdish Women

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Abstract

Background and objective; There is growing recognition that violence against women has a large public health impact, in addition to being a gross violation of women's human rights. The study's aims were: To show the types of domestic abuse encountered by Kurdish women, and study the relationship between them.**Methods;** The study conducted in the period (15th of July to 23rd of October 2013), in order to address this issue, the researcher studied 120 women who were victims of domestic abuse living in Hawler rural and urban surroundings. Domestic abuse questionnaire were used which composed of four categories of domestic abuse which was economical, psychological, social, and physical abuse.**Results:** After analyzing the data, age of women studied vary (17-50 years), majority (59.1%) was married, the Mean of each abuse category was compared to another. The physical abuse category Mean was higher than others (Mean=24.61) and (SD=7.22). The second higher figure was social abuse category (Mean=16.89). The third figure was economic abuse (Mean=16.47). The last figure was psychological abuse (Mean=13.24) and (SD=5.09).**Conclusion;** The victims mainly reported that they encountered physical domestic abuse more than the other types of abuse; it is a public health problem of epidemic proportions. It pervades all corners of the globe, puts women's health at risk, limits their participation in society, and causes great human suffering and need appropriate intervention.

Keywords; Domestic abuse, Kurdistan, women,

1.Introduction

There is growing recognition that violence against women has a large public health impact, in addition to being a gross violation of women's human rights and affects approximately one third of women globally^{1,2}.

Domestic abuse: "is any incident or pattern of incidents of controlling, coercive or threatening behavior, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial and emotional³".

Furthermore, the term "family violence" and sometimes "domestic violence" has been used to describe acts of violence between family members, including adult partners, a parent against a child, caretakers or partners against elders and between siblings^{4,5}.

Gelles and Straus defined violence as an act carried out with the intention, or perceived intention, of causing physical pain from spankings to murder⁶. Watson and Parsons stated that domestic violence refers to as any abusive, violent, coercive, forceful, or threatening act or word inflicted by one member of a family or household on another which at the end can constitute domestic violence⁷.

With reference to the types of domestic violence, several researchers have defined the types. First, Crowell & Burgess stated that physical abuse is the most observable type of domestic violence⁸. Physical battering includes kicking, hitting, biting, choking, slapping, burning, pushing, hair pulling, throwing across the room or down on the floor, and assaults with weapons. Sometimes, particular areas of the body are targeted, such as the abdomen of a pregnant woman or other acts that result in injury or death to a victim. Second, Koss & Achilles expressed that sexual violence includes physical attacks on the victim and forced sexual activity or behaviors. Sexual violence is an act of aggression in which sex is the method used to humiliate, hurt, degrade, and dominate the women⁹. The brutality in the sexual relationship usually escalates over time. Third, Maiuro organized the concept of psychological or emotional abuse that can be just as traumatic as physical abuse although there are no visible injuries¹⁰. The effects of psychological and emotional abuse are long lasting. Finally, Adams established that economic abuse allows one partner to have complete financial control over the other¹¹. The perpetrator has power over household finances and decisions. They may try to keep the survivor from working, thereby encouraging the survivor's economic dependence upon them and ensuring the victim's isolation. Even women who have their own source of money often have to account for every penny to the batterer.

On the other hand violence against women and girls increases their risk of poor health. A growing number of studies exploring violence and health consistently report negative effects. The true extent of the consequences is difficult to ascertain, however, because medical records usually lack vital details concerning any violent causes of injury or poor health. There are growing evidences between violence and ill health; some are

direct while others are indirect. A more indirect pathway, mediated by stress responses, is documented in a body of research that has expanded rapidly over the past two decades. This literature provides good evidence about the underlying biological (physiological) mechanisms of the association between exposures to violence and different adverse health outcomes, through complex and interconnected neural, neuroendocrine and immune responses to acute and chronic stress¹²⁻¹⁴. For example, when exposed to prolonged or acute stress, areas of the brain such as the hippocampus, amygdala and prefrontal cortex undergo structural changes that have implications for mental health and cognitive functioning, and can lead to mental disorders, somatoform disorders or chronic illness, as well as other physical conditions¹⁵.

The study's aims are: To show the types of domestic abuse encountered by Kurdish women, and present the relationship between various types of domestic abuse encountered by Kurdish women.

11. Methods

In this quantitative study, the participants include only women faced domestic abuse in Hawler city. A number of 120 participants were included in this study. They were chosen from different places around the city. Some of them were selected randomly, while others were selected on purpose. The researcher used a domestic abuse questionnaire taken from Iman and Ahmadi (2006)¹⁶. The questionnaire includes four categories of domestic abuse which are economical, psychological, social, and physical.

Moreover, the domestic abuse questionnaire were translated into Kurdish language and backward translated into English language, to find out the validity of the translated versions three English language instructors translated the questionnaire into Kurdish language, and then three others did the back-translation. Afterwards, another three instructors compared the original version of the questionnaire with the translated version.

Furthermore the researcher gave the designed version to some experts in the field of education, psychology as well as psychiatry. The experts evaluated the questionnaire in terms of the validity of each questionnaire items and checking for any possibility to modify, delete, or add any necessary items. The criterion was to delete any item if any two of the evaluators did not agree on. Regarding the domestic abuse questionnaire, three items were added. The domestic abuse questionnaire was originally comprised of 26 items and then increased to 29 items. Its scales were divided into 5 figures including {(never 0), (seldom 1), (sometimes 2) (often 3), and (always 4)}.

With regard to the reliability analysis of the questionnaire, 30 non-actual participants were given handouts and then we collected their answers and analyzed them using Cronbach's Alpha test. Reliability analysis of domestic abuse questionnaire was equal to; .695. According to the Cronbach's Alpha standardized system any figure lower than .6 is unreliable. Based on this, the reliability scores for the present study questionnaire used was reliable.

11.1 Data Collection Procedures; Data for the present study were collected from the 15th of July to 23rd of October 2013. During this period, the researcher visited the intended places where data on 120 participants were collected. Most of the participants were interviewed and given instructions to answer the questionnaires, while others especially those with higher education only received the questionnaires with instructions and then answers were collected in later times. The questionnaires were given in Kurdish language as a mother-tongue for the participants.

11.11 Ethics and Informed Consent; During the data collection, the researcher tried to sit alone with each participant to maintain the privacy for them. After that, we introduced our self and explained the research study project to them. The participants were told that they do not need to say their names and their answers will be kept confidential. Then, the researcher clarified each question for the participants according to their levels of educations. The questions were illustrated for the participants by giving examples.

When the researcher was asking questions to some of the participants, they were not able to answer and talk about the abusing situation they encountered. Then, we spent more time to develop rapport with the clients and make them feel trusted. Most of the participants were crying during answering the domestic abuse questionnaire. As a result, the researcher attempted to support and respect their feelings and showed empathy toward them. They were also given time to express themselves while they were conducting the interview. Although the interview sessions were only held for data collection purposes, the researcher had to use some counseling skills like, active listening, empathy, short psycho education, and teaching them how to make decisions after completing the interview. This is because the sample of the study was special and case sensitive and we found it unethical if we only remind them how they were abused without offering minimal psychological support.

11.111 Data Analysis; SPSS version 11 was used to conduct the statistical analysis part of the study. The analysis systems used for the data management procedures were Pearson correlation coefficients, descriptive statistics, frequencies, and One-sample T-Test.

111. Results:

In the present study; a substantial amount of results can be seen. The results are classified as following. Firstly, the participant's age were varied as (17.5 %) were aged from 15 to 20 years,(51.7 %) were aged from 21 to 30 years, and (30.8 %) were above 31 years old.

Moreover, the social statuses of the participants were also different. It is shown that 26 % of them were singles. About 59.2% were married. The widows were about 5.8%. The divorced were 8.3%.

Regarding the educational status of the participants, 29.2 % were illiterate ones. Those who can write and read were about 25 %. A percent of 10.8 of them were only finished their elementary schools. Those who finished their secondary school were about 19.2 %. Higher education among studied population comprised 15.8 % of the participants.

As for the participant's jobs, 70.2 % of them were house wives, while 29.2 % of them were having jobs. Among the participants, 29.2 % of them were satisfied with their monthly earnings. Those who are partially satisfied with their monthly earnings were about 40.8 %, while the remaining 30 % were not satisfied with their monthly earnings.

Regarding the residences of the participants, 73.3 % of them were living in urban areas, while those who live in rural areas were about 26.7 %. These findings are demonstrated in table 1.

According to the questionnaire on domestic abuse by Iman and Ahmadi (2006), the items are divided into four categories; seven items are related to economic abuse, five items are related to psychological abuse, eight items are related to social abuse. Last items are related to physical abuse. After analyzing the data, the Mean of each category is compared to another. The physical abuse category Mean is higher than others (Mean=24.61) and (SD=7.22). The second higher figure is social abuse category (Mean=16.89) and (SD=6.64). The third figure is economic abuse (Mean=16.47) and (SD=6.41). The last figure is psychological abuse (Mean=13.24) and (SD=5.09), which is illustrated in table 2.

Table 3 shows using Pearson correlation coefficient statistics, there is a statistically significant correlation between social and economic abuse (Pearson correlation=.355) which is significant at the level of (.000, P= 0.00). Moreover, there is another statistically significant correlation between social abuse and psychological abuse (Pearson correlation=.334) which significant at the level of (.000, P= 0.00). Third statistically significant correlation is between social abuse and physical abuse (Pearson correlation=.242) which is significant at the level of (.008, P< 0.05). Similarly, there is a statistically significant correlation between psychological abuse and physical abuse (Pearson correlation=.203) which is significant at the level of (.026, P< 0.05).

IV. Discussion:

Domestic violence has a significant impact on the health and well-being of women both in the immediate and longer term, continuing even after the relationship has ended. The psychological consequences of violence can be as serious as the physical effects. Exposure to violence leads to poorer physical health overall compared with women who have not experienced violence, and it increases the risk of women developing a range of health problems¹⁷. One Australian study found intimate partner violence was the leading contributor to death, disability and illness in Victorian women aged 15 to 44 years¹⁸.

The present study findings confirm the fact that intimate partner violence and non-partner violence are widespread and affect women throughout the community. Despite this evidence, many still choose to view the violent experiences of women as

disconnected events taking place in the private sphere of relationship conflict and beyond the realm of policy-makers and health-care providers. Others blame the women themselves for being subjected to violence, rather than the perpetrators.

Domestic abuse is unfortunately, a widespread phenomenon in our society. Now a days; domestic abuse is one of the major public health and social problems denoting a complex pattern of behaviors that may include, in addition to physical acts of violence, sexual abuse and emotional abuse¹⁹.

It is a serious threat to many women. It can happen to anyone at anytime. Moreover, the victims encounter different types of domestic abuse; one might face physical abuse, or psychological, while another might experience all types. In the present study, it is worth noting that the mean score difference among the domestic abuse categories is observable and can be recognized as following; the mean of physical abuse category is higher than others (Mean=24.61). This indicates that the majority of the victims participated in the present study reported that they were physically abused. In addition, it can be implied that the physical abuse in the Kurdish society is more common than other types of abuse. For example, the victims were abused by being kicked, slapped, punched, pushed, thrown things at, and beaten by belt. The present study is consonant with a similar study conducted by Khan (2000)²⁰.

The lowest Mean score (Mean=13.24) among the domestic abuse category is psychological abuse. This suggests that most of the participants did not face psychological abuse as much as other types. However, this

might not reflect the exact situation as participants avoid disclosing the psychological abuse they encountered in order to get rid of being stigmatized or probably their awareness and understanding of psychological abuse is not sufficient. Moreover, psychological abuse is not objective as physical abuse it is rather subjective, because the participant's tendency is not based on real facts and it is influenced by their personal beliefs or feelings. Moreover the setting of the interview and the tool used probably may add to the low rate of psychological abuse among the studied population. However, according to the 2004 General Social Survey (GSS), psychological abuse was 2.5 times more common between partners than physical abuse in Canadian society²¹. On the other hand; there is a statistically significant correlation between social abuse and the other types of abuse including, economic, physical, and psychological abuse. Despite the fact that our society is developing, still men are superior over their women counterpart and control their economic, and to somewhat social, psychological, and physical aspects of life. As a result, there is an evidence of association between social abuses with other types of abuse. For instance, in the Kurdish society man is responsible mainly for making money and how to spend it as well. Also, women, generally speaking work at home as a house wife and they do not participate actively in making money in large percentage of the population. This provided opportunity for men to have more control over the family and probably abuse them economically. As it is shown in the study demography, the majority of the participants (%70.8) were house wives. Similarly, Watson and Parsons (2005) claimed that among women, the risk of encountering economic abuse is clearly highest for those who are unemployed or prevented from working²².

Bomstein (2006) points out that it is important to realize that links between economic dependency and abuse are bi-directional²³. High economic dependency may lead some women to tolerate physical abuse, but repeated abuse may lead to economic dependency. Women in violent relationships who do work may have trouble concentrating, be harassed at work by an abusive partner, and have low self-efficacy due to abuse. The abuse can affect work performance to the point where they may lose their jobs, contributing to their economic dependency on their partners²⁴.

The likely causal pathways between different forms of exposure to violence and different health outcomes are starting to be documented and understood better. These pathways are often complex, with context-specific, physiological, behavioral and other factors influencing the likelihood of disease/ill-health outcomes. These include the direct pathway of violence resulting in injury and death, and the other direct and indirect pathways for multiple health problems for women, as well as maternal and peri-natal health outcomes²⁵.

This study unequivocally demonstrates that violence against women is pervasive globally and that it is a major contributing factor to women's ill health. In combination, these findings send a powerful message that violence against women is not a small problem that only occurs in some pockets of society, but rather is a global public health problem of epidemic proportions, requiring urgent action. As recently endorsed by the Commission on the Status of Women²⁶, it is time for the world to take action: a life free of violence is a basic human right, one that every woman, man and child deserves.

Finally; in the Kurdish culture due to its specific social and religious background we noticed a pronounced effect on the study results. Particularly, this topic is a sensitive one to disclose easily between the victim and interviewer. That is why it needs further comprehensive efforts to highlight such important phenomenon in Kurdish society.

IV.1. Conclusion; In light of these data, in which about one in four women (24.6%) globally report having experienced physical violence, the evidence is incontrovertible – violence against women is a public health problem of epidemic proportions. It pervades all corners of the globe, puts women's health at risk, limits their participation in society, and causes great human suffering.

The findings underpin the need for the health sector to take intimate partner violence against women more seriously. All health-care providers should be trained to understand the relationship between violence and women's ill health and to be able to respond appropriately, particularly in sexual and reproductive health services (e.g. antenatal care, post-abortion care, and family planning), mental health and emergency services.

IV.11. Limitations; In the current study, certain limitations were recognized which can be explained as following:

1. The participants of the study include only victims from Hawler city and their numbers were not sufficient as the researcher could only obtain 120 actual participants for the study and 30 non-actual individuals for the pilot study.
2. The timing of the study was another limitation for the study, because the period for carrying out the study was too short. While, the researcher was in need of too much time to explain the questionnaires for the participants' one by- one, and interviewing them in order to clarify the items of each questionnaire and having more information. Also, most of the participants were crying a lot during the data collection procedures that resulted in wasting too much time.

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Table 1 Demographic Data of the Study Sample

Demographic data	Frequency	Percent
Age		
- 15-20 years	21	17.5%
- 21-30 years	62	51.7%
- 31 < years	37	30.8%
Total	120	100.0%
Marital status		
- single	32	26.7%
- married	71	59.2%
- widow	7	5.8%
- divorced	10	8.3%
Total	120	100.0%
Educational status		
- illiterate	35	29.2%
- can write and read	30	25.0%
- finished elementary school	13	10.8%
- finished secondary	23	19.2%
- College graduate	19	15.8%
Total	120	100.0%
Job		
- house wife	85	70.8%
- having job	35	29.2%
Total	120	100.0%
Monthly earning		
- satisfied	35	29.2%
- partially satisfied	49	40.8%
- not satisfied	36	30.0%
Total	120	100.0%
Residence		
- urban areas	88	73.3%
- rural areas	32	26.7%
Total	120	100.0%

Table 2 Domestic Abuses Mean Scores of the Study Sample

Domestic	Variables	Mean	Standard Deviation (SD)
	Physical abuse	24.6167	7.2276
	Social abuse	16.8917	6.6469
	Economic abuse	16.4750	6.4102
	Psychological abuse	13.2417	5.0907

Table 3 Domestic Abuse Correlations among the Study Group

Variables		Physical abuse	Social abuse	Economic abuse
Social abuse	Pearson correlation	0.242		
	P. value	0.008 H. Significant		
	No.	120		
Economic abuse	Pearson correlation	-0.015	0.355	
	P. value	0.872	0.000 H. Significant	
	No.	120	120	
Psychological abuse	Pearson correlation	0.203	0.334	0.148
	P. value	0.026 Significant	0.000 H. Significant	0.106
	No.	120	120	120

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